

TYPE OF REGISTRATION <i>(Passenger, Combination, etc.)</i>	CLASS CODE	REGISTRATION PLATE NUMBER	CANCEL REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO - Replaced by marker plate number <i>(indicate below)</i>
NUMBER OF PLATES RETURNED <i>(Please Explain)</i> <input type="checkbox"/> ONE <input type="checkbox"/> NONE			
PLATE(S) WERE: <i>(Please Explain)</i> <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN			

MARKER PLATE NOTICE

E-159 REV. 6-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 BRANCH OPERATIONS DIVISION
 On The Web At <http://dmvct.org>



INSTRUCTIONS:

1. PRINT IN INK.
2. Complete and return to the nearest DMV office or mail to:
 Department of Motor Vehicles, Support Services, 60 State Street, Wethersfield, CT 06161-5057

NAME OF INDIVIDUAL(S)/COMPANY THE VEHICLE IS REGISTERED TO *(Last, First, Middle)*

ADDRESS OF THE INDIVIDUAL(S)/COMPANY THE VEHICLE IS REGISTERED TO

(Number and Street)

(City or Town)

(State)

(Zip Code)

I hereby subscribe and certify, under the penalties of false statement, that my registration plate(s) is/are not available according to the reason(s) listed above. Should the above plate(s) be recovered at a later date the plate(s) will be returned to the Department of Motor Vehicles.

AUTHORIZED SIGNATURE *(Individual/Company vehicle registered to)*

DATE SIGNED

X